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HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION

The 28th November, 2016

Standard Operating Procedures (SOP) for coordinated response to address Gender Based Violence (GBV) in Odisha

No. 25175–F.W(MISC)54/2016/H.—

Context:

Gender Based Violence means acts of physical, sexual and psychological violence or any injury to reputation and property of individuals or groups of individuals on the basis of their gender. It usually includes violence such as rape, sexual assault, domestic violence and dowry related violence etc. committed against women and girls.

Women and minor girls who are victims of GBV, need immediate care and protection especially access to the following services:—

1. Immediate health care
2. Safety
3. Support for initiating legal action against the perpetrators, offenders or wrong doers
4. Long term support and linkages for recovery and rehabilitation.

In most GBV cases, the health infrastructure is the first point of contact for the victim, and thus the role of the health care providers/facilities goes beyond not only providing health care services but also supporting the evidence collection process. The role also includes supporting the victim to establish linkages with the police, legal services, care and protection service providers like the District Child Protection Units (DCPU) and Child Welfare Committees (CWC) (structures under the Integrated Child Protection Scheme & Juvenile Justice (Care & Protection of Children) Act, 2015) for minor victims and the Protection Officer under Protection of Women from Domestic Violence Act, 2005.

In this context, the Department of Health and Family Welfare, Government of Odisha after careful consideration is pleased to issue the following Standard Operating Procedures to deal with the cases of GBV. This Standard Operating Procedures deals with the detailed protocols which

Health Care Providers have to follow on immediate health care, safety, support for initiating legal action against the perpetrators, offenders or wrong doers and long term support and linkages for recovery and rehabilitation. This SOP also gives information on the other stakeholders like the Police, District Legal Service Authority, DCPU, and CWC etc. with whom the health care providers have to work in coordination.

Nodal Officers:

Nodal Officers at the State and district level shall be notified by Health & Family Welfare Department, Home Department, Law Department and Women & Child Development Department, Government of Odisha for smooth implementation of the SOP.

Grievance Redressal:

Any violations of the protocols and guidelines in Standard Operating Procedures for coordinated response to address Gender Based Violence shall be immediately brought to the notice of the Superintendent/ ADMO (Medical) / SDMO / MO (I/c) of the Medical College Hospitals, Capital Hospital, Bhubaneswar, RGH, Rourkela/DHH/SDH and CHC respectively for appropriate and suitable action.

These guidelines are issued after necessary vetting and concurrence of Home, Law and Women & Child Development Departments**.**

I. Statutory and Legal Framework:

The Standard Operating Procedures for coordinated response to address Gender Based Violence in Odisha is based on the various provisions and suggestions outlined under the following legislations, guidelines and Commission of Inquiry Report:

1. The Indian Penal Code, 1860 (IPC)
2. The Code of Criminal Procedure, 1973 (Cr.P.C)
3. The Criminal Law Amendment Act, 2013
4. Protection of Women from Domestic Violence Act, 2005 (PWDVA)
5. The Protection of Children from Sexual Offences Act, 2012 (POCSO)
6. The Juvenile Justice (Care and Protection of Children) Act, 2015
7. Guidelines & Protocols: Medico-legal care for survivors /victims of Sexual Violence, Ministry of Health and Family Welfare, Government of India, 2014. (All Service Providers to refer to these Guidelines and Protocols for detail information.)
8. Guidelines for Protection of Good Samaritans, Ministry of Health & Family Welfare, Government of India, 2015.
9. Report of the Commission of Inquiry on Pipili – Arjunagoda village incident headed by Hon'ble Shri Justice P. K. Mohanty (Retd.)

The Standard Operating Procedures

Chapter-1

IMMEDIATE HEALTH CARE

Role of Stakeholders

1.1 Health Care Facility/Hospital/Health Care Professional:

1.1.1. Preparedness and Response:

a) All Hospitals /Health Care Facilities **whether public or private**, whether run by the Central Government, the State Government, local bodies or any other person are legally bound to do the following:—

- To immediately, provide the first-aid or medical treatment, free of cost, as per Section 357C Cr.P.C, to the survivors/victims of GBV covered under Section 326A, 376, 376A, 376B, 376C, 376D or Section 376E of the IPC.
- To inform the police about the incident. Non-reporting of cases of sexual offences against minors is additionally punishable under Section 21 (1) of the POCSO Act, 2012.
- If the survivor/victim or guardian (in case of a minor) does not wish to participate in the police investigation, it should not result in denial of treatment.

b) Display signage/sign boards at prominent places to help the survivor/victim reach the appropriate point of care.

c) The registration section of the health facility should have separate counters for women, persons with disability and senior citizens. The survivor/victim should be admitted within a reasonable time.

d) The survivor/victim depending on the nature of their ailments should be admitted to the One Stop Centre / most appropriate ward. In the event of admission to the General ward, the survivor should be given preference for transfer to appropriate ward on priority basis.

e) In the situation of diagnostic dilemma, the Unit Heads of different Departments/ Speciality should review the case and line of management and admit to the most appropriate ward with endorsement on the Bed Head ticket.

f) The Health Care professionals should also conduct routine screening in the casualty and in all other Departments to identify children and women who are survivors/ victims of GBV.

g) The Health Care professionals should establish linkages with other stakeholders and services such as police, shelter homes, counselling, legal services etc. in their area of operation.

h) Updated contact numbers of all key service providers such as the nearest Police Stations, District Legal Services Authority, District Child Protection Unit, Child Welfare Committee, Protection Officer, Shelter Homes, Child Care Institutions (CCI), CHILDLINE (1098), Women Helpline (181), One Stop Centre, Ambulance, registered Disabled People's

Organisation (DPOs), women's organisations etc. should be readily available and displayed in the Health Care facility.

i) In case of a minor girl, the Child Welfare Committee should also be intimated within 24 hours of being brought to the health care facility**.**

j) In case of a girl/woman with disability, it is important to make the survivor comfortable and establish trust, in order to conduct medical examination. They may not be able to describe the event or even realise that a crime has been committed.

k) The District Health Vigilance & Monitoring Committee or District Quality Assurance Committee / Rogi Kalyan Samiti members should visit the OPDs and Wards on different occasions and report any lapses to the head of the institution. The Committee should recommend action against any lapses, if so detected.

l) Existing Complaint Redressal System (Complaint Box, Grievance Cell) of the Health Facilities should be strengthened to receive complaints and address issues at the earliest.

m) Right to privacy and confidentiality of the survivor/victim should be maintained. Media should not be allowed to interact with the survivor/victim inside the hospital premises. Only the head of the Health Institution should interact with the media, if needed.

n) In case a Good Samaritan/Bystander takes a GBV case to the nearest health facility for providing treatment, the registered public and private hospital should not detain her/him or demand payment for registration and admission costs unless she/he is a family member or relative of the survivor/victim.

o) The Bystander or Good Samaritan should be allowed to leave the health facility immediately and no questions should be asked to her/him. If the Good Samaritan is an eye witness, she/he should leave the health facility after furnishing her/his name, address and contact number.

1.1.2. Medical Examination & Treatment:

a) If a person has come directly to the Hospital without the Police requisition, the hospital is bound to provide treatment and conduct a medical examination with consent of the survivor/parent /guardian (depending on age). A Police requisition is not required for this.

b) If a person has come on his /her own without FIR, she/he may or may not want to lodge a Complaint but requires a medical examination and treatment. Even in such cases the Doctor is bound to inform the Police as per law. However neither Court nor Police can force the survivor/victim to undergo medical examination. It has to be with the informed consent of the survivor / parent / guardian (depending on the age). In case the survivor/victim does not want to pursue a Police case, a MLC must be made and she must be informed that she has the right to refuse to file FIR. An informed refusal must be documented in such cases. At the time of MLC intimation being sent to the Police, a clear note stating "informed refusal for police intimation" should be made.

c) If the person has come with a Police requisition or wishes to lodge a complaint later, the information about medico-legal case (MLC) number & Police Station should be recorded.

d) Doctors are legally bound to examine and provide treatment to survivors of sexual violence. The timely reporting, documentation and collection of forensic evidence may assist the investigation of this crime. Police personnel should not be present during any part of the examination.

e) Refusal for medico-legal examination or collection of evidence or both will not be used to deny treatment to survivor/victim.

f) Survivors of sexual violence should receive all services completely **free of cost**. This includes OPD/inpatient registration, laboratory and radiology investigations, Urine Pregnancy Test (UPT), medicines and any other operative procedure. The doctor must mark the case papers for any sexual violence case as "free" so that free treatment is ensured.

g) Examination of a case of sexual violence shall be conducted by any registered medical practitioner (RMP) as per Section 164 A of the Cr.P.C. It is not mandatory that only a gynaecologist shall examine a case of sexual violence.

h) The medical examination shall be conducted only by a woman doctor as per Section 27 (2) of POCSO Act, 2012, in case the survivor/victim is a girl child below 18 yrs.

i) In case of a girl or woman, every possible effort should be made to find a female Doctor, but in the absence of a lady Doctor, treatment and examination should not be denied or delayed and a male Doctor should conduct the examination in the presence of a female attendant in case of emergency or as a life saving measure. In case of a child/person with disability, the medical examination should be conducted in presence of the parent, guardian or any other person in whom the survivor reposes trust or confidence.

j) In the case of a transgender/intersex person, the survivor/victim should be given a choice as to whether she/he wants to be examined by a female doctor or a male doctor. In case a female doctor is not available, a male doctor may conduct the examination in the presence of a female attendant.

k) The police shall not be present in the examination room during history taking, examination, evidence collection and treatment being provided to the survivor/victim.

l) The examination Doctor should not make any value judgement on the assault committed against the survivor/victim.

m) In case of sexual violence, the health care professionals shall follow the MoHFW Guidelines and Protocols for medico-legal care for survivors/victims of sexual violence, 2014. This encompasses:

   - Initial resuscitation/ First-Aid
   - Informed consent for examination, evidence collection, police procedures
   - Detailed History taking
   - Medical Examination
   - Age Estimation (physical/dental/radiological) – if requested by the investigating agency

- Evidence Collection as per the protocol
- Documentation (as per format enclosed in *Annexure III*)
- Packing, sealing and handing over the collected evidence to police
- Treatment of Injuries
- Testing/prophylaxis for STIs, HIV, Hepatitis B and Pregnancy
- Psychological support & counseling
- Referral to higher health facilities for further treatment if required. (As per Referral Protocol enclosed in *Annexure II*).
- Facilitation for further support like legal and shelter etc. through - One Stop Centre / CHILDLINE (1098) / Women Helpline (181) etc.
- Maintenance of Medico-Legal Register (As per format in *Annexure – IV*)
- Reporting of Medical Legal Cases (As per format in *Annexure – V*)

n) **Consent for medical examination (Section 89 & 90, IPC):** The doctor who examines the survivor/victim of sexual violence shall ensure that the consent form is signed either by the survivor/victim if she is above 12 years of age and by her parent/guardian if not in sound mental health/not in a state to give consent or below 12 years of age.

Informed consent is mandatory for examination, evidence collection and police information (FIR) i.e. Doctor shall inform the survivor /victim being examined about the nature and purpose of examination, evidence collection and police information and in case of child to the child's parent/guardian/any person in whom the child reposes trust.

The left thumb impression of the survivor/victim must be attested on the "Medico-Legal Examination Report of Sexual Violence" format.

o) **Consent for treatment or any medical procedure (Section 87 & 92, IPC):**

- A survivor/victim whose age is 18 years or above can make a decision on her own behalf for treatment.
- Consent must be taken from the guardian/ parent, if the survivor/victim is under the age of 18 years.
- In situation where it is life threatening the doctor may initiate treatment without consent as per Section 92 of IPC.

p) Birth records, school records, identity proofs etc., if available, can be used as a proof for age determination. In case documentary proof is not available or inadequate; ossification test can be done by the doctor for determination of age.

1.1.3. Evidence Collection:

a) The Sexual Assault Forensic Evidence Kit (SAFE Kit) shall be procured locally from the Rogi Kalyan Samiti (RKS) Fund/National Health Mission (NHM) Flexipool/ Contingency Fund and made available at Government health facilities for collecting and preserving physical evidence following sexual violence whereas private health care facilities will procure kit at their own cost. List of items in SAFE Kit is enclosed in *Annexure –I.*

b) If the survivor reports within 96 hours (4 days) of the assault, all evidences including swabs must be collected based on the nature of assault; even though there is less likelihood of finding evidence after 72 hours (3 days) of the occurrence of the assault.

c) The examining doctor has to hand over evidence collected to the Police (Investigating Officer) for forensic investigation.

d) The hospital must designate the examining doctor responsible for handling evidence and no other person must have access to the samples. The examining doctor will be held responsible for the preservation and packaging of the sample.

e) The provisional medical opinion/report should be handed over to the Police immediately following the medical examination of the survivor/victim and final opinion/report is to be submitted after receiving the FSL/pathological reports.

f) A copy of Medico-Legal Examination Report /all documentations pertaining to medico-legal examination and treatment should be handed over to the survivor/victim or guardian (in case of minor), free of cost immediately.

1.1.4. Linkages and Referrals:

a) In case of referral to higher level institution, referrals slip with reasons for referral need to be provided. The referral protocol for GBV, is enclosed vide *Annexure – II* which should be followed for GBV referral cases. The higher institution should be informed in advance about the referral case for prompt response.

b) For inter facility transport of GBV cases, 108/102 ambulances or other services used for transportation of patients should be arranged, on priority. The examining Doctor should decide on the transportation to be used depending on the condition of the survivor/victim. For safe transfer/shifting, adequate number of ambulance, wheel chair, stretchers, stretcher bearers and equipments like oxygen etc. should be made available on priority.

c) The Health Facility should maintain a "Call Receipt Register" to receive, record and intimate information regarding GBV to the person concerned (Doctor, Blood Bank, Others) promptly. The time of compliance should be noted in the same register. The head of the Health Facility / Department concerned should verify the Register daily.

d) The survivor /victim needing services of other Departments/Speciality should be attended on call within reasonable time.

e) The Health facility should maintain a list of counsellors available in the district including the ones available within the health setup, One Stop Centre, counsellors appointed in Swadhaar, Ujjawala Homes, Counsellors of the District Child Protection Unit and CHILDLINE or independent volunteers with adequate expertise in providing counselling services. One of these counsellors, preferably a lady, shall provide counselling services to GBV cases.

1.2. Police:

a) Whenever a survivor/victim reports to the police, the police shall take her to the nearest health facility for medical examination, treatment and care without delay.

b) The police will ensure that the samples/evidence collected by the Doctor are sent to the forensic laboratory at the earliest.

c) The police shall not be present in the examining room during history taking, examination, evidence collection and treatment being provided to the survivor/victim.

d) In case the police receives intimation from a health care facility regarding a GBV case, the Police Station */Special Juvenile Police Unit* will carry out due investigations. The police will also intimate the Protection Officer in case of domestic violence and the CWC in case the survivor/victim is a minor.

e) A Head Constable should be deployed at the Casualty, to assist GBV cases and medico-legal procedures.

f) Any person who voluntarily reports a case of GBV or brings the survivor/victim to the Health Facility or Police Station should not be harassed or intimidated.

1.3.Protection Officer under Protection of Women from Domestic Violence Act, 2005:

a) The Protection Officer (PO) will maintain a list of all service providers providing legal aid or counselling, shelter homes and medical facilities.

b) The PO will get the aggrieved person medically examined, if she has sustained bodily injuries and forward a copy of the medical report to the police station and the Magistrate having jurisdiction in the area where the domestic violence has alleged to have taken place.

1.4.Child Welfare Committee (Minor Victims):

a) In case of minor survivors/victims who are produced before the CWC first, the CWC can request for a medical examination and treatment to the Health Care Facility in the vicinity and also ask the Special Juvenile Police Unit to file a FIR.

Chapter - 2

SAFETY

Role of Stakeholders

2.1. Health Care Facility/Hospital/Health Care Professional:

a) In case the examining doctor feels that the survivor/victim is at risk and not safe, or the perpetrator of the crime is someone in the immediate circle of the survivor/victim, the Doctor can take the following initiatives :—

- Contact the One Stop Centre (if functional) for the safety and security of the survivor/victim.
- Contact the Protection Officer for ensuring safekeeping of the survivor/victim in a shelter home.
- Contact the Child Welfare Committee in case of a minor survivor/victim.

- Contact the Police Station/Special Juvenile Police Unit in the nearest police station and request for survivor/victim protection.
- Organise for a bed in the health care facility for the survivor/victim.

b) Not to disclose the identity of the survivor/victim and keep all records confidential.

c) The examining Doctor has to be sensitive to the needs and safety of a girl/ woman with disability as the survivor is at risk of abuse in shelters and hospitals. As per Section 376 (2) (l) of the revised Indian Penal Code (Criminal Law Amendment Act, 2013) the punishment for rape increases when rape is committed on a woman suffering from mental or physical disability.

2.2. Police:

a) On receipt of the complaint of GBV, a First Information Report (FIR) shall be promptly registered. The survivor/victim can lodge the FIR in any police station in the country. On receipt of the FIR, it can be transferred to the concerned police station for investigation. A copy of the FIR is to be provided free of cost to the complainant/survivor/victim.

b) The *Police Station/Special Juvenile Police Unit* in the police station shall promptly deal with and assist the survivor/victim of sexual and gender based violence.

2.3. Protection Officer under Protection of Women from Domestic Violence Act, 2005:

a) The Protection Officer will make available a shelter home, if the aggrieved person so requires and forward a copy of this report of having lodged the aggrieved person in a shelter home to the police station and the Magistrate having jurisdiction in the area where the shelter home is situated (As per Section 9.1(f) of PWDV Act, 2005).

2.4. Child Welfare Committee (Minor Victims):

a) Where a child is produced before the CWC, the relevant CWC, based on a preliminary enquiry will ascertain whether the child needs to be shifted from its current place of residence to a Children's Home or a Shelter Home (or any other safe place).

b) Mandatory reporting by any adult including a doctor or other health care professional to the Child Welfare Committee and Police is required in case of child sexual abuse. The CWC shall take immediate steps to protect the child from abuse and provide necessary care and support (Section 19 of POCSO Act, 2012).

2.5. Shelter Homes/Child Care Institutions/One Stop Centre:

a) Provide long/medium/short term care and protection to the survivor/victim.

b) Provide counselling support to the survivor/victim.

c) Not to disclose the identity of the survivor/victim and provide support to other agencies in the investigation

d) Escort the survivor/victim, if required during her visit to the medical facility/CWC etc.

Chapter - 3

SUPPORT FOR INITIATING LEGAL ACTION AGAINST THE PERPETRATORS/OFFENDERS/WRONG DOERS

Role of Stakeholders

3.1. Health Care Facility/Hospital/Health Care Professional:

a) Provisional medical opinion/report & final opinion/report shall be given to the survivor/ victim free of cost, immediately. The Medico - legal Examination Report Format on sexual violence is enclosed vide *Annexure III*.

3.2. Police:

a) Offences involving rape and molestation, etc., shall be promptly investigated and charge-sheet shall be filed in the court within 60 days since the date of registration of the case as far as practicable. If investigation cannot be completed within a period of 60 days for genuine reasons, written permission for extension of time must be obtained from the SP/DCP of the district/establishment. In this connection provisions of PCO 338/2013 and PCO 343/2012 must be strictly adhered to**.**

b) The statement of a woman survivor/ victim is to be recorded by a woman police officer or any woman officer. If not reported at the police station, the survivor/victim should not be called to the police station. The Investing Officer (I.O.) should visit her home in plain clothes for ascertaining facts in the presence of her relatives or family members.

c) The incident should be thoroughly inspected and all out efforts should be made to collect maximum evidence from the spot. If necessary, scientific team may be summoned to collect evidences. Exhibits collected/ lifted should be properly packed/ preserved, sealed and sent to Forensic Science Laboratory (FSL) for chemical analysis as quickly as possible.

3.3. Legal Services:

a) A woman or a child survivor/victim is entitled to be provided with free legal aid under the Legal Services Authorities Act, 1987.

b) The District Legal Services Authority (DLSA) shall provide assistance to the survivor/ victim of GBV in terms of provision of lawyer, compensation etc. A lawyer from the panel of DLSA will offer legal assistance and explain provisions and remedies available to the survivor/victim.

c) Under Section 12(c) of the Legal Services Authorities Act, 1987, every child who has to file or defend a case shall be entitled to legal services under this Act. The POCSO Act, 2012 provides for entitlement of the assistance of legal counsel under Section 40, which the family of the child shall be entitled to, and where they are not provided with such counsel, they shall be entitled for a lawyer from the Legal Services Authority.

d) In addition to providing free legal aid, the DLSA has the following roles to play:

- Payment of court and other process fee;
- Payment of charges for preparing, drafting and filing of any legal proceedings;

- Payment of charges of a legal practitioner or legal advisor;
- Payment of costs for obtaining decrees, judgments, orders or any other documents in a legal proceeding;
- Payment of costs of paper work, including printing, translation etc.
- Processing the application for claims under the Odisha State Victim Compensation Scheme, 2012 & its amendment.

3.4. Protection Officer under Protection of Women from Domestic Violence Act, 2005:

The Protection Officer shall:

a) Assist the Magistrate in the discharge of his functions under the Protection of Women from Domestic Violence Act, 2005;

b) Make a domestic incident report of violence to the Magistrate, in such form and in such manner as may be prescribed, upon receipt of a complaint of domestic violence and forward copies thereof to the Police Officer in charge of the Police Station within the local limits of whose jurisdiction domestic violence is alleged to have been committed and to the service providers in that area;

c) Make an application in such form and in such manner as may be prescribed to the Magistrate, if the aggrieved person so desires, claiming relief for issuance of a protection order;

d) Ensure that the aggrieved person is provided legal aid under the Legal Services Authorities Act, 1987 and make available free of cost the prescribed form in which a complaint is to be made;

3.5. Child Welfare Committee (Minor Victims):

a) The CWC may direct the District Child Protection Unit to facilitate the process of FIR filing and coordination with the Legal Services Authority, if so required.

b) In addition to this, the CWC shall also direct the DCPU or other agencies in the district for providing various support services to the child and his/her family like Counsellors, medical assistance, shelter, interpreters, psychiatric support etc.

3.6. Shelter Homes/Child Care Institutions/One Stop Centre:

a) Prepare the individual care plan/rehabilitation plan for the child/women.

b) Not to disclose the identity of the survivor/victim and provide support for mainstreaming the child.

c) Facilitate to initiate legal action against the perpetrator / offender / wrong doer.

d) Support the survivor/victim in the legal proceedings by escorting her to the Magistrate, DLSA etc.

Chapter – 4

LONG TERM SUPPORT AND LINKAGES FOR RECOVERY AND REHABILITATION OF THE VICTIM

Role of Stakeholders

4.1. Health Care Facility/Hospital/Health Care Professional:

a) Intimate the victim about the provision of compensation under 'The Odisha Victim Compensation Scheme, 2012' and its amendment.

b) Provide long term treatment for recovery, if required to the survivor/victim.

4.2. Police:

a) Complete the investigation within the scheduled time frame and provide updated information to the survivor/victim and her family about the progress of the case.

4.3. Legal Services:

a) The Odisha Victim Compensation Scheme, 2012 & its amendment provides financial assistance to the survivor/victim and provides support services such as shelter, counselling, medical aid, legal assistance, education and vocational training depending upon the needs of the survivor/victim.

   The survivor/victim or her dependants as the case may be is eligible for compensation under the following 11 categories: 1. Loss of life; 2. Loss of any limb or part of body resulting in 80% or above disability (including acid attack); 3. Loss of any limb or part of body resulting in disability of 40% or above but below 80% (including acid attack); 4. Loss of any limb or part of body resulting in below 40% disability; 5. Loss or injury causing severe mental agony to women and child victims in case of human trafficking; 6. Simple injury to child victim; 7. Rape; 8. Penetrative sexual assault and aggravated penetrative sexual assault in case of child victims; 9. Sexual assault and aggravated sexual assault in case of child victims; 10. Sexual harassment of child and using child for pornographic purposes; 11. Victim of acid attack.

b) In case of victim of acid attack, the report of Chief District Medical Officer (CDMO) / Sub Divisional Medical Officer (SDMO) and the report of Investigating Officer (I.O.) including the copy of FIR, shall be conclusive and on the basis of such reports an interim compensation shall be paid to the survivor/victim to facilitate medical attention and expenses in this regard.

4.4. Protection Officer under Protection of Women from Domestic Violence Act, 2005:

a) To ensure that the order of monetary relief under section 20 of the Protection of Women from Domestic Violence Act, 2005 is complied with and executed, in accordance with the procedure prescribed under the Code of Criminal Procedure, 1973.

4.5. Child Welfare Committee (Minor Victims):

a) Direct the DCPU, Shelter Home and Child Care Institution to provide the necessary support to the survivor/victim and her family, like filing for compensation, counselling services etc.

b) Regularly review the progress of the survivor/victim basing on reports received from the DCPU and Homes

c) Based on the various reports like preliminary inquiry report, periodic progress reports and individual care plan for the survivor/victim, the CWC may pass the following orders for rehabilitation of the survivor/victim:—

- Reuniting the child with the family with/without various support services like sponsorship etc. along with regular follow up by the District Child Protection Unit.
- Short/Medium/Long term institutionalisation in a Child Care Institution with clear instructions on the counselling needs of the child.

d) The CWC will direct the Child Care Institution/Shelter Home/ DCPU to prepare an individual care plan for the child and monitor the condition of the child in coordination with the DCPU and CCI/Shelter Home. The CWC will play a key role in the rehabilitation of the survivor/victim.

4.6. Shelter Homes/Child Care Institutions:

a) The survivor/victim in the shelter homes are to be provided with psycho-social care along with medical treatment.

b) Efforts for reintegration with their families (wherever feasible) should also be made.

c) The survivor/victim should be enrolled in a school or vocational course.

d) Follow up the case and provide support to the survivor/victim for award of compensation.

By Order of the Governor

ARTI AHUJA
Principal Secretary to Government

Annexure-I

Sexual Assault Forensic Evidence Kit

The Sexual Assault Forensic Evidence (SAFE) Kit shall contain the following items for collecting and preserving the physical evidence following a sexual violence:—

- Forms for documentation
- Large sheet of paper to undress over
- Paper bags for clothing collection.
- Catchment paper.
- Sterile cotton swabs and swab guards for biological evidence collection
- Comb
- Nail Cutter
- Wooden stick for finger nails scrapings
- Small scissors
- Urine sample container
- Tubes / vials/ vaccutainers for blood samples (Ethylenediaminetetraacetic acid (ETDA), Plain, Sodium fluoride)
- Syringes and needle for drawing blood
- Distilled water
- Disposable gloves
- Glass slides
- Envelopes or boxes for individual evidence samples
- Labels
- Lac (sealing wax) Stick for sealing
- Clean clothing, shower / hygiene items for survivors use after the examination.

Other items for a forensic / medical examination and treatment that may be included are:

- Woods lamp/Good torch
- Vaginal speculums
- Drying rack for wet swabs &/or clothing
- Patient gown, cover sheet, blanket, pillow
- Post – It notes to collect trace evidence
- Camera (35 mm, digital with colour printer)
- Microscope
- Colposcope/Magnifying glass
- Toluidine blue dye
- 1% acetic acid diluted spray
- Urine pregnancy test kit
- Surgilube
- Medications

Annexure-II

Referral Protocol for Treatment of Gender Based Violence Cases

1. Conditions for referral:

- Survivor/victim requiring specialized level of medical attention which is not available in the existing Hospital providing health care.
- Attending medical personnel can refer with adequate reason.

2. Procedures to be followed by the referring Health Facility:

- Registration at OPD/IPD
- Attending doctor at first approach shall resuscitate the survivor, if required.
- Provide necessary treatment.
- Detail examination of survivor & collection of evidence with proper documentation.
- Intimate the Police immediately about the assault.
- Intimate in advance to the referred hospital for emergency health services, provision of bed & linking with other agencies.
- In case the survivor /victim requires critical care during transportation, the hospital shall provide a skilled medical professional to accompany to the referred health facility along with required treatment such as IV drip and oxygen inhalation etc, on the way.
- Police protection is to be provided to the survivor/victim, if required. (The need of police protection is to be assessed by the referring person)
- The provisional opinion with the examination report along with the referral slip must be submitted.
- Prior information to the "One Stop Centre" where available for greater coordination to manage the case of GBV.
- Referral register to be maintained indicating date, time & cause of referral.

3. Procedure to be followed at the referred health facility:

- The case shall be registered at the receiving health facility.
- The case shall be attended immediately by an Assistant Professor & above rank on duty in Medical College Hospitals and doctors on duty in other hospitals. The attending doctor shall treat, examine & collect evidence & intimate police, if required.
- Cases of sexual assault or rape shall be referred directly to examination/labour room.
- Arrangement shall be made for medico-legal examination of the survivor / victim.
- The examination format, SAFE kit & other supplies should be available.

- The referral slip in duplicate shall be duly signed and acknowledged by the attending doctor. One acknowledgement copy of the referral slip shall be returned to the primary facility or the doctor (first contact). The primary doctor shall confirm receipt of acknowledgement from the referred health facility.

4. Transportation:

- Transportation of the survivor /victim is the responsibility of the police. However, ambulances (108/102) or other services used for transportation of the patients may be used for transportation of the victim/survivor from one health facility to other in case of referral. Transportation of the survivor / victim is to be made free of cost.
- During transportation, if any treatment is required it should be made available by the referring Hospital /primary facility free of cost. Provide police protection, if required.

5. The Primary health facility shall follow up information about the case at the referred health facility.

6. Referral Slip enclosed.

Inter facility referral slip for treatment of GBV cases

Name of the referring facility:.....

Address:.....

Contact No.:.....Date & Time of Arrival:.....

1. Name of the survivor: .....Age:.....Gender:.....

   Address:

   Village Name Block Police Station

   District State

   Contact No:.....

2. Father's /Husband's Name/Guardian /Any other accompanying person

   Address: Village Name Block Police Station

   District State

   Contact No:.....

3. Identified by: Name of Police Personnel Id. No.
4. Two marks of identification
5. Regd. No. at COPD/OPD/IPD:.....Dt.....
6. Referred on:...../...../.....(d/m/yr) at .....(time)
7. Name of the facility to where the survivor is referred.....
8. Nature /type of assault /injury: Time.....Cause.....
9. Police Station intimated: Date.....Time.....Police Station.....
10. Police protection provided: Yes/No If, No Justify
11. Name & designation of the police personnel & paramedic worker accompanying the survivor:
12. Date & time of examination:
13. Examination findings:

14. Brief history of GBV survivor/victim:

15. Mention details of samples collected for forensic examination:

1.	5.
2.	6.
3.	7.
4.	8.

16. Mode of transportation provided:

17. Treatment given, if any:

18. Additional investigation/evaluation required, if any, at the referred facility:

Signature of Referring Physician /Health Functionaries

(Name / Designation /Stamp)

Date & Time

Signature of the receiving person

Date & Time

One Copy of the referral slip acknowledged by the receiving facility shall be returned to the primary facility

Annexure - III

Medico-legal Examination Report of Sexual Violence

1. Name of the Hospital …… OPD No…..……Inpatient No ….....…..

2. Name …….……..... D/o or S/o (where known)…….....

3. Address……..……...

4. Age (as reported) …….…… Date of Birth (if known)……

4.1. If any documentary evidence/proof regarding age of victim is available? Yes/No

4.2. In view of answer "4.1" above, is there a need of ossification test to determine the age of victim. Yes/No

5. Sex (M/F/Others) ……..……..…….....…..……..

6. Date and time of arrival in the hospital …….….

7. Date and time of commencement of examination……..…..……

8. Brought by……. (Name & signatures)

8.1. If, brought by a Good Samaritan, address & contact number (Optional).....

.....

9. MLC No. ……..Police Station……...…..……....

10. Whether conscious, oriented in time and place and person……...……...

11. Any physical/intellectual/psychosocial disability …….…..……...

(Interpreters or special educators will be needed where the survivor has special needs such as hearing/speech disability, language barriers, intellectual or psychosocial disability).

12. Informed Consent/refusal

I……D/o or S/o….……hereby give my consent for:

a) Medical examination for treatment	Yes ☐	No ☐
b) This medico-legal examination	Yes ☐	No ☐
c) Sample collection for clinical & forensic examination	Yes ☐	No ☐

I also understand that as per law the hospital is required to inform police and this has been explained to me.

I want the information to be revealed to the police Yes ☐ No ☐

I have understood the purpose and the procedure of the examination including the risk and benefit, explained to me by the examining doctor. My right to refuse the examination at any stage and the

consequence of such refusal, including that my medical treatment will not be affected by my refusal, has also been explained and may be recorded. Contents of the above have been explained to me in ……....language with the help of a special educator/interpreter/support person (circle as appropriate) ……..….....

If special educator/interpreter/support person has helped, then his/her name and signature…….....

Name & signature of survivor or parent/guardian/person in whom the child reposes trust in case of child (<12 yrs)

……

……

……

With date, time & place

Name & signature/thumb impression of Witness

……....

……....

……....

With Date, time and place

13. Marks of identification (Any scar/mole)

(1) ……

(2) ……

Left Thumb impression

14. Relevant Medical/Surgical history

Onset of menarche (in case of girls) Yes / No Age of onset…….…….....…….
Menstrual history – Cycle length and duration ….…....…Last menstrual period….....……
Menstruation at the time of incident - Yes/ No, Menstruation at the time of examination- Yes / No
Was the survivor pregnant at time of incident - Yes/No, If yes, duration of pregnancy…..…… weeks
Contraception use: Yes/No……If yes – method used: .....……
Vaccination status – Tetanus (vaccinated/not vaccinated), Hepatitis B (vaccinated/not vaccinated)

15 A. History of Sexual Violence

(i) Date of incident/s being reported (ii) Time of incident/s (iii) Location/s
(iv) Estimated duration: 1-7 days……. 1 week to 2 months…..... 2-6 months…..……. >6 months…..... Episode: One……Multiple ……..…Chronic (>6 months) …….Unknown…….....
(v) Number of Assailant(s) and name/s .....……..... (vi) Sex of assailant(s)…….....Approx. Age of assailant(s) …….....If known to the survivor – relationship with the survivor....…….....
(vii) Description of incident in the words of the narrator: Narrator of the incident: survivor/informant (specify name and relation to survivor) ..... If this space is insufficient, use extra page

15 B. Type of physical violence used if any (Describe):

Hit with (Hand, fist, blunt object, sharp object)	Burned with
Biting	Kicking
Pinching	Pulling Hair
Violent shaking	Banging head
	Dragging
Any other:	

15 C.

i. Emotional abuse or violence if any (insulting, cursing, belittling, terrorizing) …….....

ii. Use of restraints if any…….....

iii. Used or threatened the use of weapon(s) or objects if any……

iv. Verbal threats (for example, threats of killing or hurting survivor or any other person in whom the survivor is interested; use of photographs for blackmailing, etc.) if any: …….....

v. Luring (sweets, chocolates, money, job) if any: …….....

vi. Any other:…….....

15 D.

i. Any H/O drug/alcohol intoxication:

ii. Whether sleeping or unconscious at the time of the incident: ……..……

15 E. If survivor has left any marks of injury on assailant/s, enter details: ……

15 F. Details regarding sexual violence:

Was penetration by penis, fingers or object or other body parts (Write Y=Yes, N=No, DNK=Don't know) **Mention and describe body part/s and/or object/s used for penetration.**

	Penetration			Emission of Semen		
Orifice of Victim	By Penis	By body part of self or assailant or third party (finger, tongue or any other)	By Object	Yes	No	Don't know
Genitalia (Vagina and/or urethra)						
Anus						
Mouth						

Oral sex performed by assailant on survivor	Y	N	DNK
Forced Masturbation of self by survivor	Y	N	DNK
Masturbation of Assailant by Survivor,	Y	N	DNK
Forced Manipulation of genitals of assailant by survivor	Y	N	DNK

Exhibitionism (perpetrator displaying genitals)	Y	N	DNK
Did ejaculation occur outside body orifice (vagina/anus/mouth/urethra)?	Y	N	DNK
If yes, describe where on the body			
Kissing, licking or sucking any part of survivor's body	Y	N	If yes, Describe
Touching/Fondling	Y	N	If yes, Describe
Condom used*	Y	N	DNK
If yes status of condom	Y	N	DNK
Lubricant used*	Y	N	DNK
If yes, describe kind of lubricant used			
If object used, describe object:			
Any other forms of sexual violence			

*** Explain what condom and lubricant used to the survivor**

Post incident has the survivor	**Yes/ No/ Do Not Know**	**Remarks**
Changed clothes Changed undergarments Cleaned/washed clothes Cleaned/washed undergarments Bathed Douched Passed urine Passed stools Rinsing of mouth/Brushing/Vomiting (Circle any or all as appropriate)		

Time since incident……..…… H/o vaginal/anal/oral bleeding/discharge prior to the incident of sexual violence….……

H/o vaginal/anal/oral bleeding/discharge since the incident of sexual violence……..……

H/o painful urination/ painful defecation/ fissures/ abdominal pain/pain in genitals or any other part since the incident of sexual violence.

16. General Physical Examination-

i.Is this the first examination……....……...

ii. Pulse…….……BP……..……..……

iii. Temp.……..Resp. Rate…….……..

iv. Pupils …….…….

v. Any observation in terms of general physical wellbeing of the survivor…….……

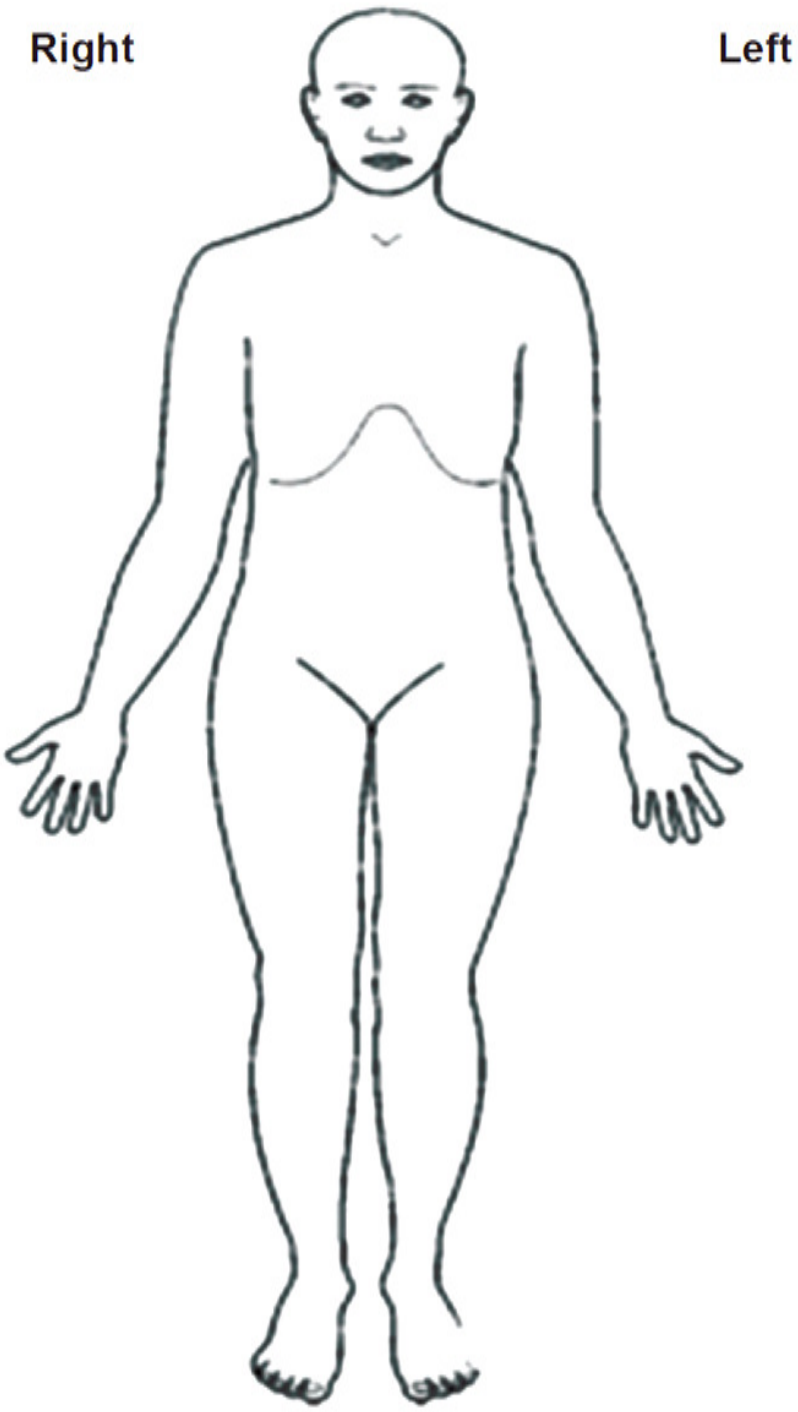
17. Examination for injuries on the body if any

The pattern of injuries sustained during an incident of sexual violence may show considerable variation. This may range from complete absence of injuries (more frequently) to grievous injuries (very rare).

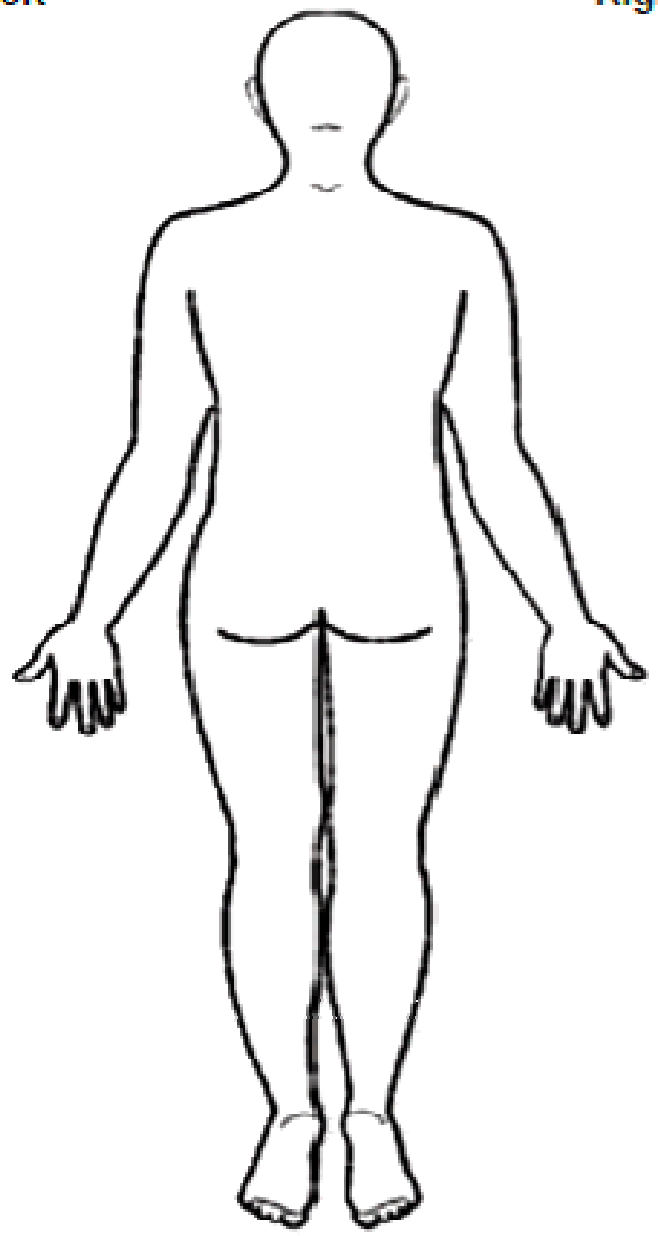
(Look for bruises, physical torture injuries, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge specially on the scalp, face, neck, shoulders, breast, wrists, forearms, medial aspect of upper arms, thighs and buttocks) Note the Injury type, site, size, shape, colour, swelling signs of healing simple/grievous, dimensions.)

Scalp examination for areas of tenderness (if hair pulled out/ dragged by hair)	
Facial bone injury: orbital blackening, tenderness	
Petechial haemorrage in eyes and other places	
Lips and Buccal Mucosa / Gums	
Behind the ears	
Ear drum	

Neck, Shoulders and Breast	
Upper limb	
Inner aspect of upper arms	
Inner aspect of thighs	
Lower limb Buttocks	
Other, please specify	


Right
Left

Left Right



18. Local examination of genital parts/other orifices*:

A. External Genitalia: Record findings and state NA where not applicable.

Body parts to be examined	**Findings**	
Urethral meatus & vestibule		
Labia majora		
Labia minora		
Fourchette & Introitus		
Hymen Perineum		
External Urethral Meatus		
Penis		
Scrotum		
Testes		
Clitoropenis		
Labioscrotum		
Any Other		

*** Per Vaginum /Per Speculum examination should not be done unless required for detection of injuries or for medical treatment.**

P/S findings if performed ……

P/V findings if performed ……...

Record reasons if P/V of P/S examination performed ……

C. Anus and Rectum (encircle the relevant)
Bleeding/ tear/ discharge/ oedema/ tenderness

D. Oral Cavity - (encircle the relevant)
Bleeding/ discharge/ tear/oedema/ tenderness

19. Systemic examination:

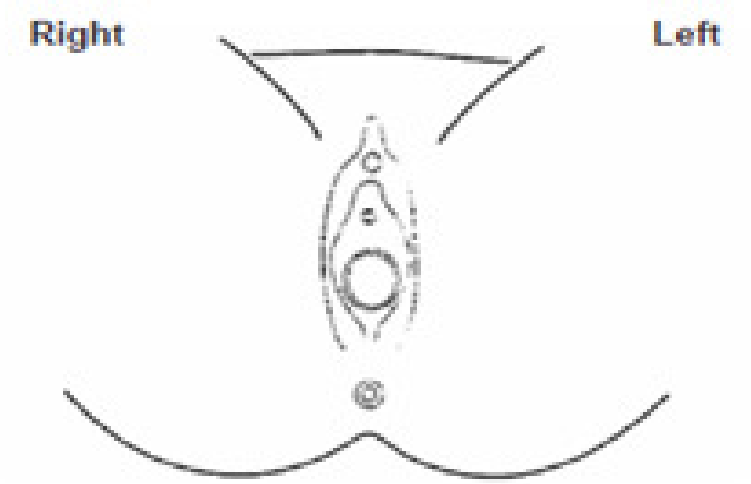
Central Nervous System: ……..

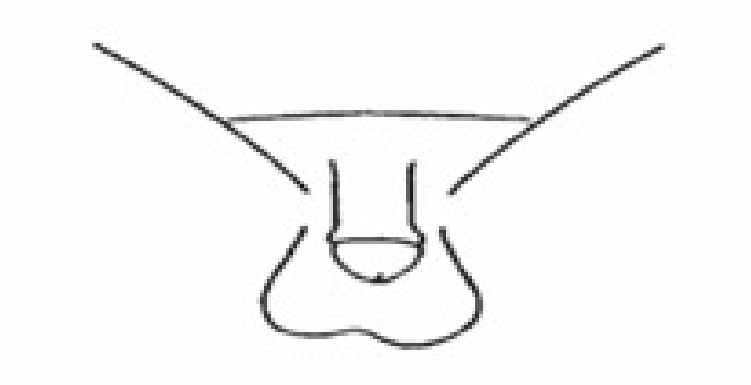
Cardio Vascular System: ……..

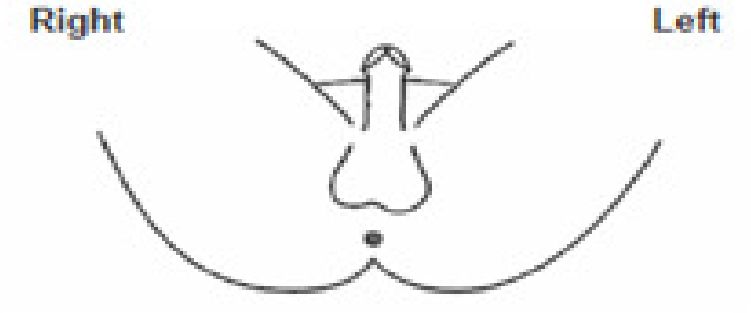
Respiratory System: ……..

Chest: ……..

Abdomen: ……...


Right
Left




Right
Left

20. Sample collection/investigations for hospital laboratory/ Clinical laboratory

1) Blood for HIV, VDRL, HbsAg

2) Urine test for Pregnancy

3) Ultrasound for pregnancy/internal injury

4) X-ray for Injury

21. Samples Collection for Central/ State Forensic Science Laboratory

1) Debris collection paper

2) Clothing evidence where available – (to be packed in separate paper bags after air drying)

List and Details of clothing worn by the survivor at time of incident of sexual violence

3) Body evidence samples as appropriate (duly labeled and packed separately)

	Collected/Not Collected	Reason for not collecting
Swabs from Stains on the body (blood, semen, foreign material, others)		
Scalp hair (10-15 strands)		
Head hair combing		
Nail scrapings (both hands separately)		
Nail clippings (both hands separately)		
Oral swab		
Blood for grouping, testing drug/alcohol intoxication(plain vial)		
Blood for alcohol levels (Sodium fluoride vial)		
Blood for DNA analysis (EDTA vial)		
Urine (drug testing)		
Any other (tampon/ sanitary napkin/ condom/ object)		

4) Genital and Anal evidence (Each sample to be packed, sealed, and labelled separately-to be placed in a bag)

* Swab sticks for collecting samples should be moistened with distilled water provided.

	Collected/Not Collected	Reason for not collecting
Matted pubic hair		
Pubic hair combing (mention if shaved)		
Cutting of pubic hair (mention if shaved)		
Two Vulval swabs (for semen examination and DNA testing)		
Two Vaginal swabs (for semen examination and DNA testing)		
Two Anal swabs (for semen examination and DNA testing)		
Vaginal smear (air-dried) for semen examination		
Vaginal washing		
Urethral swab		
Swab from glans of penis/clitoropenis		

*Samples to be preserved as directed till handed over to police along with duly attested sample seal.

22. Provisional medical opinion

I have examined (name of survivor).....M/F/Other.....aged..... reporting_ (type of sexual violence and circumstances)....., XYZ days/hours after the incident, after having (bathed/douched etc)..... My findings are as follows:

• Samples collected (for FSL), awaiting reports
• Samples collected (for hospital laboratory)
• Clinical findings
• Additional observations (if any)

23. Treatment prescribed:

Treatment	Yes	No	Type and comments
STI prevention treatment			
Emergency contraception			

Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post exposure prophylaxis for HIV			
Counselling			
Other			

24. Date and time of completion of examination ……....……...
This report contains …… number of sheets and ……..…..... number of envelopes.

Signature of Examining Doctor

Name of Examining Doctor

Place: Seal

25. Final Opinion (After receiving Lab. reports)

Findings in support of the above opinion, taking into account the history, clinical examination findings and Laboratory reports of …….....bearing identification marks described above, ……..... hours/ days after the incident of sexual violence, I am of the opinion that:

Signature of Examining Doctor

Name of Examining Doctor

Place: Seal

COPY OF THE ENTIRE MEDICAL REPORT MUST BE GIVEN TO THE SURVIVOR/ VICTIM FREE OF COST IMMEDIATELY.

Annexure – IV

MEDICO-LEGAL CASE REGISTER FORMAT

Serial No.	Month	Date	Name of Survivor	Address	Age (As reported)	Sex (F/M/Others)	Brought By	MLC No.	Police Station (Where case registered)	MLC registered under Section of POCSO /IPC/ Any other	Name of examining Doctor	Date & time of arrival in hospital	Date & time of commencement of examination	Date & time of completion of examination	Date of handing over forensic evidence to Police	Date of receipt of laboratory report from Hospital	Date of receipt of forensic evidence report from FSL	Date of handing over final medico-legal examining report to Police	Date of handing over final medico-legal examination report to survivor or parents / guardian, in case survivor is minor	Date of intimation to Police, in case of referral/discharge/ LAMA/death of survivor	In case of referral, name of referral health institution	Signature of examining Doctor
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

Signature of Head of the Health Institution

Name:

Date:

Note: At the end of every month the administrative head of the health institution is to verify the Medico-Legal Register i.e. Superintendent of the MCH/Capital Hospital BBSR/RGH, RKL, ADMO(Medical) of DHH, SDMO of SDH, MO(I/C) of CHC.

Annexure – V

Reporting Format of Medico-Legal Cases for Health Institutions

(All MCH/DHH/SDH/CHC shall submit monthly report to the Superintendent/CDMO by the 5th of every month. Compiled report of Medico- Legal Cases shall be forwarded by the Superintendent / CDMO to the Director, Family Welfare by the 10th of every quarter)

State:.....***District:***.....

Reporting Period:.....***Date:***.....

Name of the health institution:.....

Srl. No.	***Items***	***Total***		
1	*No. of MLC cases*			
2	*Sex*			
a.	*Male*			
b.	*Female*			
c.	*Others*			
3	*Age*			
a.	*Below 18*			
b.	*18-35*			
c.	*36-60*			
d.	*Above 60*			
4	*Cases Booked*			
a.	*Under POCSO*			
b.	*Under IPC*			
c.	*Others*			
5	*Outcome*			
a.	*Discharge*			
b.	*Referral*			
c.	*Left against medical advise (LAMA)*			
d.	*Death*			
6	*Human Resource*	***Sanctioned***		***In Place***
a.	*Medical Officer*			
b.	*Staff N*			
7	*Human Resource Trained*	***MO***		***SN***
a.	*GBV*			
b.	*Child Sexual Abuse*			
c.	*Guidelines /Protocols of Sexual Violence*			
8	*SAFE Kit*	***Opening Balance***	***SAFE Kit Used***	***Remaining Balance***
a.				

Note: Hospital Managers at the MCH/DHH/SDH and the MO (I/C) at the CHC are responsible for monthly /quarterly reporting, as applicable.

Remarks:

Signature

Name & Designation

Date

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